

STATE OF ARIZONA—EMPLOYEE FLU CONSENT 2015

I have read or have had explained to me the information about the influenza (flu) vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand that I should not receive the vaccine if I: **(1) have ever had a serious allergic reaction to eggs or to the vaccine; (2) have a fever, acute respiratory or other active infection or illness; (3) have a history of Guillain-Barre Syndrome (a severe, paralytic illness).**

The 2015–2016 Quadrivalent vaccine virus strains are: an A/California/7/2009 (H1N1)pdm09-like virus, an A/Switzerland/9715293/2013 (H3N2)-like virus, a B/Phuket/3073/2013-like virus (B/Yamagata lineage virus) and a B/Brisbane/60/2008-like virus (B/Victoria lineage).

The flu vaccine cannot cause the flu because it uses dead viruses. As with any vaccine, flu vaccine may not protect 100% of all susceptible individuals. Most people have no side effects from receiving the flu shot. Serious side effects, such as severe allergic reactions, have rarely been reported for the flu vaccine. I understand the benefits and risks of the vaccine and request that the vaccine be given to me or to the person named below for whom I am authorized to make this request. Healthwaves practices in accordance with the HIPAA regulations as it pertains to privacy practices and patient confidentiality regarding protected health information.

X

TODAY'S DATE:

/ /

SIGNATURE

MM/DD/YY

INFORMATION ON PERSON TO RECEIVE VACCINE (PLEASE PRINT)

NAME — LAST, FIRST, MIDDLE INITIAL		DATE OF BIRTH MM/DD/YY	AGE	SEX (M/F)	
MAILING ADDRESS (NEEDED FOR 18 AND UNDER ONLY)		<input type="radio"/> Employee	<input type="radio"/> Spouse	<input type="radio"/> Dependent	<input type="radio"/> Retired
CITY	STATE	ZIP	PHONE		

STATE EMPLOYEE INFORMATION (PLEASE PRINT)

NAME—LAST, FIRST, MIDDLE INITIAL	EIN (EMPLOYEE IDENTIFICATION NUMBER)
BENEFIT OPTIONS INSURANCE CARRIER <input type="checkbox"/> Aetna <input type="checkbox"/> Blue Cross Blue Shield of Arizona <input type="checkbox"/> CIGNA <input type="checkbox"/> UnitedHealthcare <input type="checkbox"/> Other: _____	
YOUR STATE AGENCY CITY	PHONE ()

SELECT VACCINE (✓)

Healthwaves provides flu shots to children 4 years and older with legal guardian's signature.

- ☐ **Quadrivalent Flu**
CDC Info. Sheet 08/07/15

Flu shot FREE to State Employees. Flu shot also FREE to dependents, spouses, and retirees with a Benefit Options insurance card.

HEALTHWAVES PERSONNEL ONLY

LOCATION	FLU SHOT	INITIALS
	<input type="checkbox"/> RN <input type="checkbox"/> ARM	